



Department of Education
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Pupil Transportation, 208-332-6851

IDAHO UNIFORM SCHOOL BUS ACCIDENT/INJURY REPORT FORM

School District _____ Contractor _____

Date Of Accident _____ Day _____ Time _____ ☐ a.m. ☐ p.m.

Location (City) _____ (County) _____ Police Report No. _____
(attach copy to this report)

Driver's Name _____ Age _____ ☐ Male ☐ Female

Driver License No. _____ Bus V.I.N. _____ (REQUIRED)

Bus Number _____

Citation Issued: Bus Driver ☐ Yes ☐ No Other Vehicle Driver ☐ Yes ☐ No

Driver Training: Pre-service Training ☐ Yes ☐ No In-service Training ☐ Yes ☐ No

Years Driving Bus: ☐ 1 or less ☐ 1 - 2 ☐ 2 - 5 ☐ 5-10 ☐ Over 10

Number Of Accidents In Last Three Years: _____ Drivers Lap Belt In Use ☐ Yes ☐ No
(while driving bus only)

Chassis Manufacturer: _____ Body Manufacturer: _____ Model Year: _____

Bus Type: ☐ A ☐ B ☐ C ☐ D ☐ Other Rated Seating Capacity: _____ Passengers on Bus: _____ Wheelchairs: _____

Part I - School Bus Physically Involved In Accident

1. Type Of Accident (Enter Only One Response)

☐ Between Motor Vehicles ☐ Fixed Object ☐ Pedalcycle
☐ Pedestrian ☐ Train ☐ Other Collision

2. Specify Fixed Object which most caused accident (ex.: parked vehicle, utility pole, guardrail, tree, etc.) _____

3. Did Accident Result In?

☐ Fatality ☐ Possible Injury (Minor)
☐ Property Damage Only ☐ Non-incapacitating Injury (Moderate)
(\$750.00 Or More) ☐ Incapacitating Injury (Serious)

4. Manner Of Collision Between Vehicles Or Objects:

☐ Angle ☐ Rear-end
☐ Head-on ☐ Other

5. Bus Direction Analysis:

Collision With Pedestrian

☐ Intersection ☐ Non-Intersection

☐ Bus Going Straight
☐ Bus Turning Right
☐ Bus Turning Left
☐ Bus Backing
☐ Other Action (Specify) _____

All Other Collisions

☐ Intersection ☐ Non-intersection

Collision With Other Vehicle

☐ Intersection ☐ Non-Intersection

☐ Entering same direction, both moving
☐ Entering opposite direction, both moving
☐ Entering at angle, both moving
☐ One vehicle stopped
☐ Other Action _____

Noncollision

☐ Intersection ☐ Non-intersection

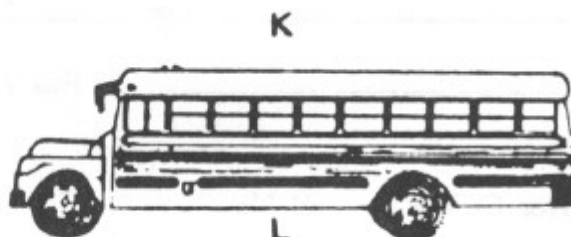
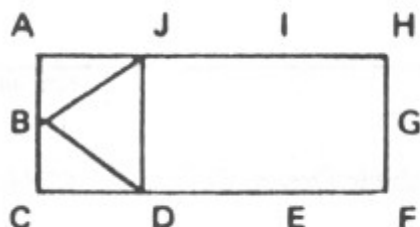
- ☐ Fixed Object
- ☐ Other Vehicle or Train
- ☐ Pedalcycle
- ☐ Other Object, Animal

- ☐ Overturn
- ☐ Other

On-board Accidents

Number of students injured by falls, striking stanchions, etc., when bus is in motion and not involved in other listed accident types above. Accident must be due to sudden movement of the bus. _____

6. Point Of Impact (Enter As Many As Applicable)



Enter

7. Contributing Circumstances (Enter As Many As Applicable):

Roadway

- ☐ Defective Surface (e.g., potholes)
- ☐ Slippery
- ☐ Inoperative Traffic Signal
- ☐ Obstructed View (e.g., tree, fence, sign, etc.)
- ☐ Other _____

Vehicle Defect

- ☐ Tires
- ☐ Brakes
- ☐ Lights
- ☐ Steering
- ☐ No Vehicle Defect
- ☐ Other _____

Driver's Actions: (Mark appropriate boxes, as many as applicable, under bus driver and other driver columns. What action was each driver taking when the accident occurred.)

Driver Action	Bus Driver	Other Driver
Speeding		
Right Of Way - Failed To Yield		
Passed Stop Sign		
Disregarded Traffic Signal		
Drove Left Of Center		
Improper Overtaking		
Made Improper Turn		
Followed Too Closely		
Backing		
Sudden Movement		
No Improper Action		

8. Total Number Of Lanes On Roadway _____

9. Posted Speed Limit _____

10. Approximate Speed of The Bus _____

11. School Bus Use At Time Of Accident (enter as many as applicable):

- ☐ Regular Route
- ☐ Special Needs Use
- ☐ Field/Activity Trip
- ☐ Deadheading (no passengers)
- ☐ Other

12. Condition Of Road At Time Of Accident (enter as many as applicable - Circle the response that **most** contributed to the accident.):

- | | | | |
|------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Dry | <input type="checkbox"/> Under Repair | <input type="checkbox"/> Holes or Ruts | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Icy | <input type="checkbox"/> Snow Packed | <input type="checkbox"/> Muddy | <input type="checkbox"/> Other (Specify) _____ |

13. Light Conditions (enter one response):

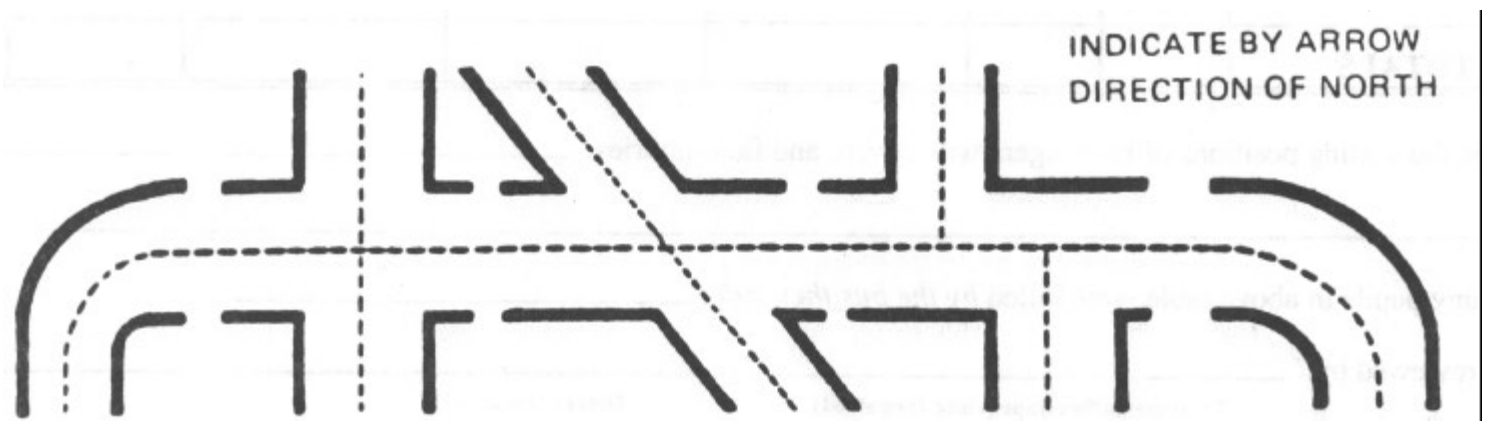
- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dark, Artificially Illuminated |
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Dark, Not Artificially Illuminated |
| <input type="checkbox"/> Dusk | |

14. Weather Conditions (enter as many as applicable):

- | | | | |
|--------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Raining | <input type="checkbox"/> Snowing | <input type="checkbox"/> Smog/Smoke |
| <input type="checkbox"/> Sleet | <input type="checkbox"/> Fog | <input type="checkbox"/> Dust | <input type="checkbox"/> Other (Specify) _____ |

PART II - DESCRIPTION OF ACCIDENT
(attach police report)

Complete the following diagram showing direction and positions of vehicles involved, clearly designating the point of impact. Use additional space if needed.



PART III - INJURY TALLY SHEET
INDICATE BY NUMBER
THE SCHOOL TRANSPORTATION - RELATED PERSONNEL INJURED

Indicate by * if off bus injuries occurred in Loading/Unloading zones.

Injuries occurred:

AGE	KILLED M F		SERIOUS	MODERATE	MINOR	ON the Bus	OFF the Bus
UNDER 5							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
OVER 18							
DRIVER							
OTHERS							
TOTALS							

Describe the seating positions of passengers with severe and fatal injuries: _____

How many pupils in above table were killed by the bus they ride: _____

Report reviewed by: _____
Transportation Supervisor (required)
Driver (required)
Date